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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
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Application Number	10/628,282
Filing Date	July 25, 2003
First Named Inventor	Shapiro, Michael F.
Art Unit	2131
Examiner Name	Unknown
Attorney Docket Number	089477.00002

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

☒ all the attorneys/agents of record.☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or☐ the attorneys/agents associated with Customer Number

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The reasons for this request are: Applicant has not paid the outstanding balance owed this firm despite numerous requests. The account had to be turned over to a collection agency.
Applicant has been provided with copies of all correspondence relating to this application.

CORRESPONDENCE ADDRESS1. ☐ The correspondence address is NOT affected by this withdrawal.2. ☒ Change the correspondence address and direct all future correspondence to:☐ The address associated with Customer Number:

OR

☒ Firm or Individual Name Michael F. Shapiro, Secure Biometric Corporation

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NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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